

POSITION	ID NO.	DATE
CLASSIFIER	18	10-12-93
EXAMINER	394	10/14/93
TYPIST	87	10-18-93
VERIFIER	2180	10/18/93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Final	Original	Date
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SYMBOLS

✓ Rejected  
 - (Through numerical) Allowed  
 + Restricted  
 N Non-rejected  
 I Interference  
 A Appeal  
 O Objected

Claim	Final	Original	Date
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